

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F73794**

(2)

1. Corporation Name

C & C GLASS & MIRROR, INC.

Principal Place of Business

**1016 N. E. 26TH AVENUE
POMPANO BEACH FL 33062**

Mailing Address

**1016 N. E. 26TH AVENUE
POMPANO BEACH FL 33062**

FILED
Sep 03 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1982

4. FEI Number

59-2170888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1511 E Commercial Blvd

2a. Mailing Address

26 1511 E Commercial Blvd

Suite, Apt. #, etc.

22 #135

27 #135

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

24 33334-5717

Country

25 USA

Zip

29 33334-5717

Country

30 USA

9. Name and Address of Current Registered Agent

COOPER, CAROL

**1511 E. Commercial Blvd. Suite 135
Ft. Lauderdale, Fl. 33334-5717**

10. Name and Address of New Registered Agent

81 Name

Cooper, Carol

82 Street Address (P.O. Box Number is Not Acceptable)

1511 E Commercial Blvd.

83

#135

84 City

Ft. Lauderdale,

FL

85 Zip Code

33334

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *Carol Cooper*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-31-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ DELETE
NAME **COOPER, CAROL**
STREET ADDRESS **1511 E. Commercial Blvd. #135**
CITY-ST-ZIP **Ft. Laud., FL. 33334-5717**

TITLE **D** ☐ DELETE
NAME **COOPER, CLAYTON**
STREET ADDRESS **1511 E. Commercial Blvd. #135**
CITY-ST-ZIP **Ft. Laud., FL. 33334-5717**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDS** ☒ Change ☐ Addition
1.2 NAME **Cooper, Carol**
1.3 STREET ADDRESS **1511 E Commercial Blvd. #135**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Cooper, Clayton**
2.3 STREET ADDRESS **1511 E Commercial Blvd.**
2.4 CITY-ST-ZIP **Ft Lauderdale, FL 33334**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Carol Cooper

8-31-98

254 489-409

CR2E034 (5/98)